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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/578,848	07/24/2006	Ulla Hellstrom	620-438	5041
23117 7590 01/25/2011 NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR			EXAMINER	
			KINSEY WHITE, NICOLE ERIN	
ARLINGTON, VA 22203			ART UNIT	PAPER NUMBER
			1648	
			MAIL DATE	DELIVERY MODE
			01/25/2011	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)		
	10/578,848	HELLSTROM ET AL.	ROM ET AL.	
Office Action Summary	Examiner	Art Unit		
	NICOLE KINSEY WHITE	1648		
The MAILING DATE of this communication a Period for Reply	appears on the cover sheet with	the correspondence address		
A SHORTENED STATUTORY PERIOD FOR REF WHICHEVER IS LONGER, FROM THE MAILING - Extensions of time may be available under the provisions of 37 CFR after SIX (6) MONTHS from the mailing date of this communication. - If NO period for reply is specified above, the maximum statutory perion - Failure to reply within the set or extended period for reply will, by state Any reply received by the Office later than three months after the may earned patent term adjustment. See 37 CFR 1.704(b).	DATE OF THIS COMMUNICA 1.136(a). In no event, however, may a repl od will apply and will expire SIX (6) MONTH tute, cause the application to become ABAN	TION. y be timely filed S from the mailing date of this communication. IDONED (35 U.S.C. § 133).		
Status				
1) ■ Responsive to communication(s) filed on 04 2a) ■ This action is FINAL . 2b) ■ This action is FINAL . 2b) ■ This action is application is in condition for allow closed in accordance with the practice under the condition of the condition is in condition.	his action is non-final. vance except for formal matter	•		
Disposition of Claims				
4) ☑ Claim(s) 1.4-12.20 and 22 is/are pending in 4a) Of the above claim(s) is/are withd 5) ☐ Claim(s) is/are allowed. 6) ☑ Claim(s) 1.4-12.20 and 22 is/are rejected. 7) ☐ Claim(s) is/are objected to. 8) ☐ Claim(s) are subject to restriction and	rawn from consideration.			
Application Papers				
9) The specification is objected to by the Exami 10) The drawing(s) filed on is/are: a) a Applicant may not request that any objection to the Replacement drawing sheet(s) including the correct of the oath or declaration is objected to by the	ccepted or b) objected to by he drawing(s) be held in abeyance ection is required if the drawing(s)	s. See 37 CFR 1.85(a). is objected to. See 37 CFR 1.121(d).		
Priority under 35 U.S.C. § 119				
12) Acknowledgment is made of a claim for forei a) All b) Some * c) None of: 1. Certified copies of the priority docume 2. Certified copies of the priority docume 3. Copies of the certified copies of the priority docume application from the International Bure * See the attached detailed Office action for a li	ents have been received. ents have been received in Apprincity documents have been re eau (PCT Rule 17.2(a)).	olication No ceived in this National Stage		
Attachment(s)	" .	(070 440)		
 Notice of References Cited (PTO-892) Notice of Draftsperson's Patent Drawing Review (PTO-948) Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date 	Paper No(s)/ľ	nmary (PTO-413) Mail Date rmal Patent Application		

DETAILED ACTION

Withdrawn Rejections

The rejection of claims 1, 4-12, 20 and 22 under 35 U.S.C. 103(a) as being unpatentable over Neurath et al. (EP 154902A) and further in view of Zavaglia et al. (Italian Journal of Gastroenterology, 1996, 28(6):324-331, Abstract only) and Wei et al. (World J Gastroenterol, 2002;8(2):276-281) has been withdrawn in view of applicant's arguments.

The rejection of claims 1, 4-12, 20 and 22 under 35 U.S.C. 103(a) as being unpatentable over Neurath et al. (EP 448126A) and further in view of Zavaglia et al. (Italian Journal of Gastroenterology, 1996, 28(6):324-331, Abstract only) and Wei et al. (World J Gastroenterol, 2002;8(2):276-281) has been withdrawn in view of applicant's arguments.

The rejection of claims 1, 4-12, 20 and 22 under 35 U.S.C. 103(a) as being unpatentable over Neurath et al. (U.S. Patent No. 4,847,080) and further in view of Zavaglia et al. (Italian Journal of Gastroenterology, 1996, 28(6):324-331, Abstract only) and Wei et al. (World J Gastroenterol, 2002;8(2):276-281) has been withdrawn in view of applicant's arguments.

Claim Rejections - 35 USC § 112

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 1, 4-12, 20 and 22 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the enablement requirement. The claims contains subject matter which was not described in the specification in such a way as to enable one skilled in the art to which it pertains, or with which it is most nearly connected, to make and/or use the invention. Enablement is considered in view of the Wands factors (MPEP 2164.01(a)).

The claims are directed to a method of determining whether an individual having hepatitis B virus (HBV) infection will respond to interferon alpha (IFN-a) treatment, the method comprising: i) obtaining a pre-treatment sample from said HBV-infected individual, and ii) analyzing said pre-treatment sample for the presence or absence of antibodies reactive with a preS1 peptide consisting of the sequence of residues 94-117 (SEQ ID NO: 1) wherein the presence of said antibodies in said pre-treatment sample indicates that said individual will respond to said treatment and the absence of said antibodies in said pre-treatment sample indicates that said individual will not respond to said treatment.

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The prior art teaches that HBV infected individuals with preS1 antibodies will recover from HBV infection. For example, Wei et al. (World J Gastroenterol, 2002;8(2):276-281) teaches that the appearance of anti-preS1 antibody in the course of most acute hepatitis patients predicts the clearance of HBeAg and disappearance of preS1 dominants and HBV-DNA followed by elimination of HBsAg and seroconversion to anti-HBs. The role of anti-preS1 antibodies might be neutralization of HBsAg with preS1-coded epitopes (particularly infective HBV virions), as the antibodies were found in most cases of acute hepatitis followed by recovery. Anti-preS1 antibodies were hardly observed in patients with acute hepatitis progressing to chronic disease and in chronic hepatitis patients with continuing presence of preS1 domain and seropositive of HBeAg or anti-HBe. But anti-preS1 antibodies were detected in a few patients with chronic aggressive hepatitis undergoing treatment with antiviral agents, and the appearance of the antibodies correlated well with healthy improvement. The apparent prognostic implications of anti-preS1 antibodies are of interest in screening for this marker in hepatitis B patients. In conclusion, the presence of antibodies against preS1 in serum during acute infection may indicate subsequent recovery. Through detection of anti-preS1 antibodies based on biotin-labeled protein A indirect ELISA and follow-up study, it affords some information about the state and future prognosis of hepatitis B patients. The detection system has potential to be developed to a new kit for diagnosis and prognosis of hepatitis B patients (see page 280).

Wei et al. used the 21-119 region of preS1 because it contains several known epitopes of HBV (27-35aa, 72-78aa, 32-47aa, 41-53aa, 94-105aa, 106-117aa, 12-21aa, 21-30aa, 29-48aa and 94-117aa) (see page 276 of Wei et al.).

Neither the claims or specification defines what is meant by "respond to said treatment" such that one of ordinary skill in the art could practice the claimed method and distinguish between recovery (as taught by the prior art) and an actual response to IFN-α treatment (as claimed). The specification states on page 4 that "an individual who is responsive to IFN treatment (i.e. a responder) may, in response to IFN treatment, show an improvement in one or more symptoms of HBV infection. For example, the level of one or more biomarkers associated with HBV infection, such as serum HBeAg levels, may be reduced or eliminated by IFN treatment of an individual who is responsive to the treatment." However, an HBV infected individual who is recovering from HBV would also display these same improvements (see teachings of Wei et al. above). Thus, in view of the prior art, one of ordinary skill in the art practicing the claimed method would not know if an individual recovered or responded to treatment.

Given the teachings of the prior art and the lack of guidance in the specification, it would require undue experimentation for one skilled in the art to practice the claimed method.

No claim is allowed.

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Any inquiry concerning this communication or earlier communications from the examiner should be directed to NICOLE KINSEY WHITE whose telephone number is (571)272-9943. The examiner can normally be reached on Monday through Friday from 9:00 am to 5:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Zachariah Lucas can be reached on (571) 272-0905. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Nicole Kinsey White/ Examiner, Art Unit 1648

/Stacy B Chen/ Primary Examiner, Art Unit 1648